



OFFICE OF VETERAN SERVICES

BUTTE COLLEGE

OFFICE OF VETERAN SERVICES • 3536 BUTTE CAMPUS DRIVE • OROVILLE, CA 95965 • (530) 895-2566

DECLARATION OF ENROLLMENT

(THIS FORM MUST BE COMPLETED EACH SEMESTER)

NAME FIRST MIDDLE LAST STUDENT ID #

ADDRESS NUMBER STREET CITY STATE ZIP

PHONE # E-MAIL ADDRESS

SSN VA FILE # (Dependents only)

OUT OF STATE (circle one) YES NO

CHAPTER: 33 Post 9/11 30 Veteran 35 Dependent
31 Voc. Rehab 1606 Reservists/Guard 1607 Activated Reservists/Guard

EDUCATION PLAN OBJECTIVE: AA/AS CERTIFICATE TRANSFER

MAJOR

SEMESTER: FALL WINTER SPRING SUMMER YEAR

Table with 5 columns: Course Name and Number (i.e. SPCH 4, MATH 26), Units, Starting Date, Ending Date, Office Use Only area/V.C. initials

YOU MUST COMPLETE REVERSE SIDE IN ORDER TO RECEIVE BENEFITS

STATEMENTS OF UNDERSTANDING: Please read the following statements and initial in the space provided.

- _____ I have read and understand Butte College's 7 Days to Pay policy and I am sure that I have met all requirements for exemption (if applicable) and provided all required documentation to the Office of Veterans Services (OVS).
- _____ 7 Days to Pay exempted veterans: I will check my MyBC portal within two days of turning in this Declaration of Enrollment to the OVS to verify that my classes are safe and my exemption has been applied. If it does not show that my registrations are safe, I will notify the OVS immediately.
- _____ I understand that I must submit a Declaration of Enrollment every semester and that it takes 4 to 8 weeks for the VA Regional Office to process my educational benefits.
- _____ I understand that I have met or will meet with a counselor to assure compliance with my educational objective. A VA Education Plan must be on file prior to certification of VA benefits.
- _____ I understand that the VA does not pay for "recommended courses," challenged classes, any class that I have not met the assessment requirements for, or any class that is not part of my Educational Plan. Failure to take the proper courses will result in an overpayment and the reduction or termination of benefits. Veterans and Dependents assume full liability for any overpayment of veterans' benefits.
- _____ I have provided or will provide official transcripts to the Butte College Admission and Records Office for all the colleges I have attended. **NOTE: Failure to submit official transcripts will cause a delay in benefits.**
- _____ I will promptly notify the OVS of any classes that I add, drop, or stop attending during the semester. Failure to do so may result in overpayment, which I may be required to refund to the VA. I will also keep my address up-to-date with the OVS.
- _____ In order to continue VA Educational Benefits, I must maintain Satisfactory Academic Progress. This means maintaining at least a cumulative 2.0 GPA.
- _____ I understand that classes that do not meet for the full length of the semester are only paid during the periods those classes meet.
- _____ I understand that by signing this form I authorize the release of any and all information concerning my VA benefits, class schedule, and grade reports (transcripts) to all Butte College Veterans Office Staff, VA personnel, and contractors.
- _____ I understand that failure to comply may result in termination of VA Educational Benefits.

I hereby certify that all statements are true and complete to the best of my knowledge.

SIGNATURE

DATE